



**CITY OF SOUTH MIAMI
OCCUPATIONAL LICENSE APPLICATION**

6130 Sunset Drive, South Miami, FL 33143
Phone: (305) 668-2503 Fax: (305) 666-4591

Code Enforcement Department

CHECK ONE: ☐ NEW BUSINESS ☐ EXISTING BUSINESS ☐ HOME BUSINESS ☐ CHANGE OF ADDRESS ☐ CHANGE OF NAME

Please Print:

NAME OF BUSINESS _____ BUS. PHONE: (____) _____
OR APPLICANT NAME: _____

BUSINESS ADDRESS: _____

MAILING
ADDRESS: _____

NAME OF OWNERS (PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS) _____

DATE BUSINESS WILL COMMENCE IN THE CITY OF SOUTH MIAMI: (MM) _____ (DD) _____ (YYYY) _____

Tax ID#: _____ S.S.#: _____ D.L.# _____

Emergency Contact Person: _____ Phone: _____

PROPERTY OWNER: _____ Phone: _____

FOR TRANSFER LIST PREVIOUS VALID LICENSE NO.: _____

PRODUCT(S) / SERVICES TO BE SOLD: _____

MAXIMUM NO. OF EMPLOYEES INCLUDING OWNERS AND MANAGERS: ☐

GROSS FLOOR AREA OF BUSINESS FACILITY: _____ SQUARE FEET

NUMBER OF PARKING SPACES EXCLUSIVELY FOR THIS USE: _____

DO YOU CURRENTLY HAVE A COVENANT, EASEMENT, OR LONG TERM LEASE (CONTRACT) FOR OFF-SITE REQUIRED PARKING FOR THIS USE: ☐ YES ☐ NO (IF YES, SUBMIT COPY OF CONTRACT.)

WILL THIS BUSINESS:

- | | | |
|--|------------------------------|-----------------------------|
| ➤ JOIN AN EXISTING OFFICE: Name of Office: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ➤ BE A PROFESSIONAL ASSOCIATION: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ➤ REQUIRE A STATE LICENSE: (IF YES, PROVIDE PROOF) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ➤ BE LICENSING FEE EXEMPT: (IF YES, PROVIDE PROOF) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Note: Restaurants, bars, or night clubs attach health certificate and liquor license. All applicants must provide proof of sanitation service.

All Occupational Licenses expire on September 30th of each year and all merchants are responsible for renewing there license(s) each year. I swear that all the above information is correct.

SIGNED _____ **TITLE** _____ **DATE** _____

OFFICIAL USE ONLY		ITEMS	FEES
USE:		LICENSE	
CLASSIFICATION:		C.U.	
USE APPROVED BY:	DATE:	TRANSFER	
LICENSE NO.:	YEAR:	PENALTY	
ISSUE DATE:	BY:	TOTAL	

BUSINESS NAME: _____

OWNER'S NAME: _____ PHONE: () _____

ADDRESS: _____

TYPE OF BUSINESS: _____

DATE: _____ OWNER'S SIGNATURE: _____

OFFICIAL USE ONLY

ZONING DISTRICT _____

INSPECTION FEE: \$75

	APPROVE	DATE	REJECT	DATE	COMMENTS
ZONING					
BUILDING					
ELECT.					
FIRE					
SANITATION					